



Department of  
**Education**

# Coordinated School Health

## 2019-20 Annual Report

Tennessee Department of Education | October 2020

Cover image shows students at the March 2020 Tennessee Junior Chef Competition preparing healthy food

# Table of Contents

Introduction .....	3
A Note about COVID-19 .....	3
Coordinated School Health.....	4
Tennessee BMI Data .....	5
Tennessee Physical Activity Data .....	5
CSH Infrastructure .....	8
CSH Challenges.....	9
Coordinated School Health Components.....	10
Health Services .....	10
Physical Education & Physical Activity.....	12
Nutrition Services.....	13
School Counseling, Psychological, and Social Services.....	14
Healthy School Environment.....	15
Health Education.....	16
School Staff Wellness.....	16
Students, Family, and Community Involvement.....	17
Conclusion .....	18
References .....	19



# Introduction

There are many factors that play a role in the success of our children. According to the Centers for Disease Control and Prevention (CDC), “the academic success of America’s youth is strongly linked with their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.” Additionally, health-risk behaviors such as early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment (Dunkle, Carlson, Spriggs, 2008).

In turn, academic success is an excellent indicator of the overall well-being of youth and a primary predictor and determinant of adult health outcomes. Leading national education organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.

Scientific reviews have documented that school health programs can have positive effects on educational outcomes, as well as health-risk behaviors and health outcomes (Harper, 2007). Similarly, programs that are primarily designed to improve academic performance are increasingly recognized as important public health interventions.

Coordinated school health (CSH) is an evidence-based model developed by the CDC and designed to promote healthy school environments, so children arrive at school ready to learn. In 2006, Tennessee became the only state in the nation with a legislative mandate and \$15 million in state funding per year to implement CSH in all school districts. CSH funding can be used to hire a coordinator or support staff and purchase basic materials and resources necessary to implement CSH, thereby advancing student health and improving academic outcomes. Coordinated school health is comprised of eight components: 1) health education, 2) physical education/physical activity, 3) health services, 4) school counseling, psychological, and social services, 5) nutrition, 6) healthy school environment, 7) staff wellness, and 8) student, family, and community involvement.

This report provides information on CSH programmatic outcomes and selected student health indicators data in Tennessee for the 2019-20 school year.

Coordinated School Health	
1	Health Education
2	Nutrition
3	Physical Education & Activity
4	Health Services
5	Counseling, Psychological, & Social Services
6	School Staff Wellness
7	Healthy School Environment
8	Student, Family, & Community Involvement

# A Note about COVID-19

In March 2020, Tennessee schools implemented closure procedures in response to state and federal initial reports regarding the novel Coronavirus or COVID-19. While the information within this report indicates minor impact to Coordinated School Health priorities and outcomes, the Tennessee Department of Education anticipates the 2020-21 report to more fully reflect the major effects of the COVID-19 pandemic.

More than ever before, the health of our children will require the expertise and resources Coordinated School Health coordinators are positioned to directly provide and enhance.



To better see data changes driven by COVID-19, the CSH team has marked some statistics with a blue star like the one to the left. **This blue star notes a change (increase or decrease) that the CSH Team has determined normal and expected given the amount of time schools were closed.** For example, if readers compare the number of school nurse visits to last year's report, the raw numbers look significantly lower in the 2019-2020 school year than in the 2018-2019 school year. However, when the numbers are adjusted for an average number of visits during each of the 180 school days the number of nurse visits increased approximately six percent over last year.



If any changes in the data were significant, whether driven by COVID-19 or other factors, the CSH team has noted it directly within the report as it is presented with necessary context. The goal is to provide accurate, transparent data and equip readers to understand the impact of Coordinated School Health on the health of students.

## ***Coordinated School Health***

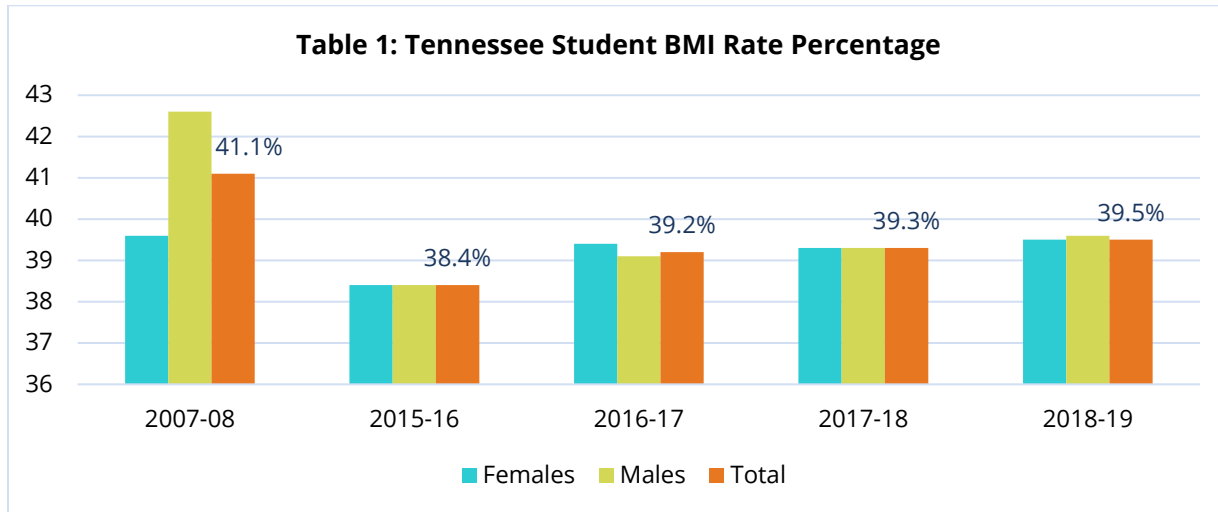
Historically, school health programs and policies in the United States have resulted, in large part, from a wide variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Prior to statewide implementation of CSH in Tennessee, many schools had a “patchwork” of policies and programs regarding school health with differing standards, requirements, and populations served. Professionals who oversaw the different pieces of the patchwork came from multiple disciplines: education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches. **The statewide coordinated school health initiative helped to streamline school health programs across the state and provide consistency for students.**

Coordinating the many parts of school health into a systematic approach enables schools to:

- eliminate gaps and reduce redundancies across initiatives and funding streams;
- build partnerships and teamwork among school health and education professionals;
- build collaboration and enhance communication among public health, school health, and other education and health professionals in the community; and
- focus their efforts on helping students engage in protective, health-enhancing behaviors and avoid risky behaviors.

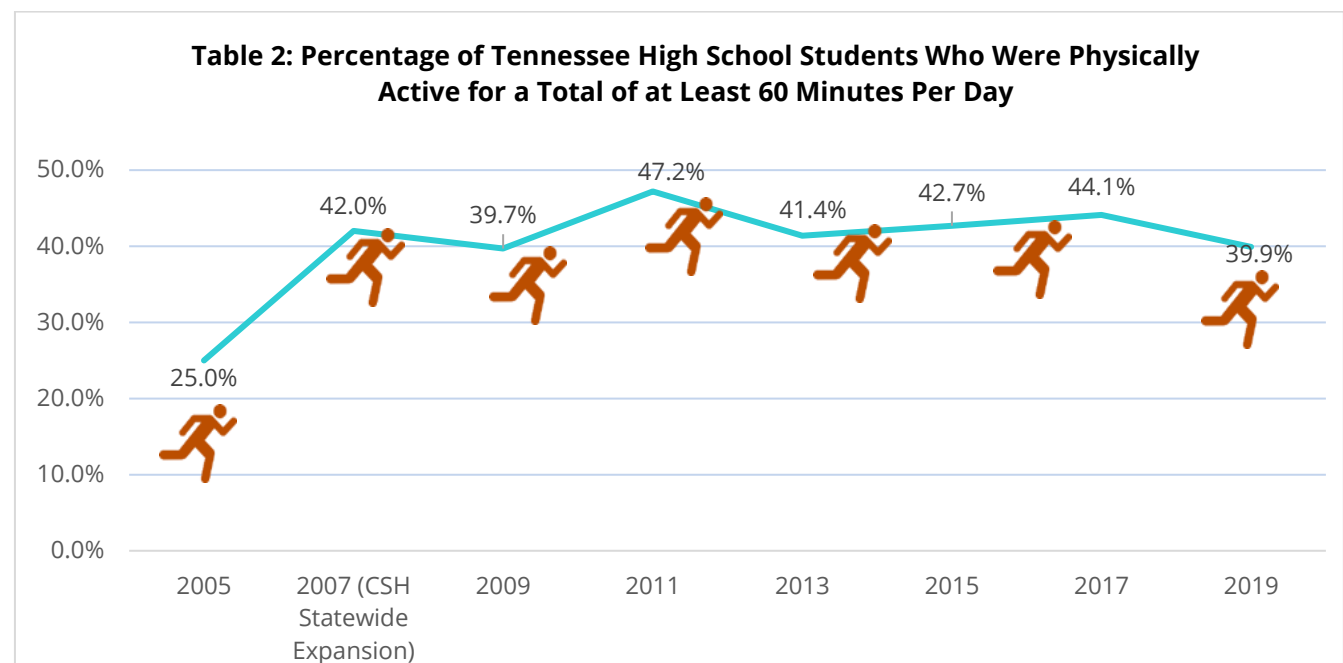
## Tennessee BMI Data

As indicated in Table 1, Tennessee student body mass index (BMI) rates declined from **41.14** percent in 2007-08 to **38.4** percent in 2015-16, but for the past three years BMI rates have plateaued to an average of **39.33** percent.



## Tennessee Physical Activity Data

As indicated in Table 2, according to the CDC's Youth Risk Behavior Survey (YRBS), the percentage of all Tennessee students who were physically active for a total of at least 60 minutes per day on five of the past seven days substantially **increased** from **25 percent** in 2005 to **39.9 percent** in 2019. The most recent 2019 data is a **decrease** from 2017 where activity rates decreased from 44.1 percent to **39.9 percent** (2019a).





CSH district coordinators secured an **additional \$118 million** in health grants and in-kind resources for Tennessee schools in the 2019-20 school year, which were used to expand local capacity to address school health priorities. While difference in reporting requirements and higher investments due to tornado relief efforts and COVID-19 likely contributed to this total, it represents a significant increase from prior year reporting of \$36 million.

*\*Note: In years prior, the survey question about in-kind funding and services did not **require** CSH Coordinators to quantify the value of donated goods and services or share the total of private or federal funding secured in addition to state dollars. This changed in 2019-2020 when coordinators were asked to provide a total dollar amount of additional funding and in-kind goods and services.*



During the 2019-20 school year, **84.5 percent** of districts **contracted or worked with a community-based mental health provider to provide school-based therapy for students**. This is an **12.5 percent point increase over last year's 72 percent**.

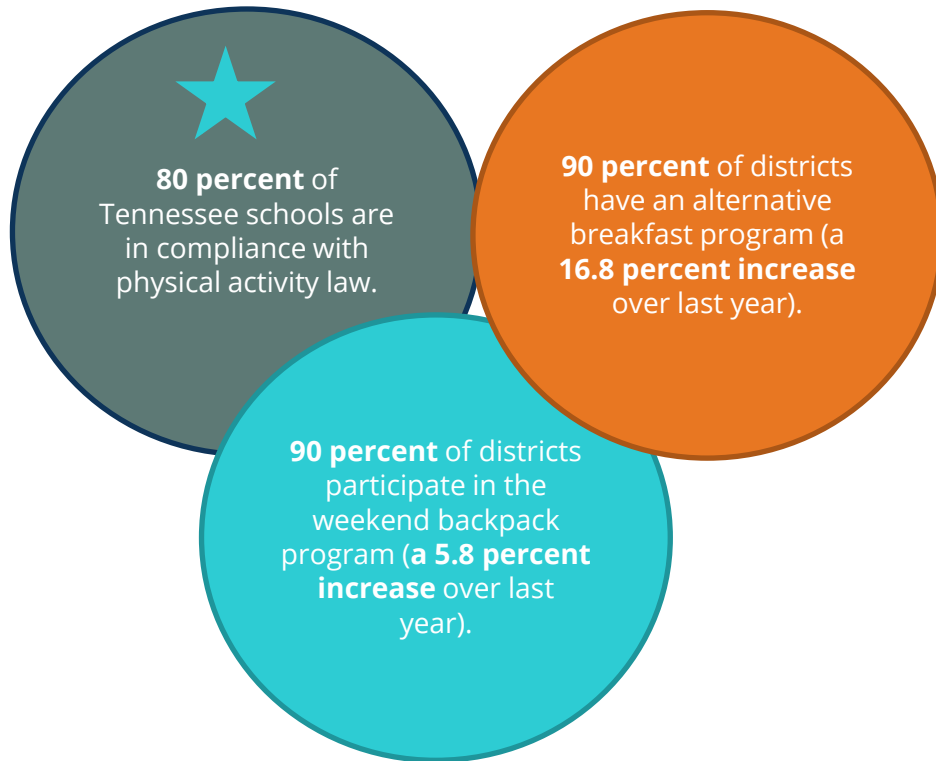


During the 2019-20 school year, there were **4,191,233** student visits to a school nurse, which is a decrease from last year's full school year with **5,091,191 visits**. However, accounting for the reduction of 40 in person instructional days, this makes the average per instructional day about 6 percent greater. **3,534,060** of those visits resulted in a student's ability to return to class instead of being sent home which results in an **84 percent** return-to-class rate (**a decrease from 87 percent last year**). The CSH team expects the return to class rate to trend lower as nurses operate with caution during COVID-19.



Approximately **1.3 million** student health screenings occurred in Tennessee public schools. Those screenings resulted in **116,512** referrals being made to a health care provider for additional medical attention through parental notification. Finally, **22** districts have at least one school based health clinic and **29** partner with a health clinic in the community (school linked).





*This decrease is likely due to varying interpretations by districts in how to respond to this question based on days when in-person instruction was not taking place. Additional guidance will be provided to districts for the 2020-2021 school year survey.*



## CSH Infrastructure

According to Tennessee State Board of Education's Standards and Guidelines for Tennessee's Coordinated School Health Policy 4.204, the following infrastructure elements must be in place in every school district in order to implement the CDC's evidence based CSH model with fidelity:

***Each district will establish a full-time position for a coordinator/supervisor of school health programs at the system level for school systems with 3,000 or more students. School systems with fewer than 3,000 students will establish a position for coordinator/supervisor of school health programs at 50 percent time or more and are encouraged to enter into a consortium with other school systems to apply for funding. The coordinator/supervisor position in both cases will be in addition to other school health component staff and school system coordinator/supervisor positions.***



### The policy additionally requires that each district establish the following:



A School Health Advisory Council (SHAC) that includes a representative of the school system(s), staff, students, parents, civic organizations, community agencies, the faith community, minority groups, and others concerned with the health and wellness of students with at least two-thirds of the members being non-school personnel. The Advisory Council will recommend policies and programs to the school system and also develop and maintain an active working relationship with the county health council.



A Staff Coordinating Council on School Health for the school system that is representative of all eight components of the coordinated school health program. The Staff Coordinating Council will seek to maximize coordination, resources, services, and funding for all school health components.



A Healthy School Team at each school in the system that is representative of all eight components of the coordinated school health program. The team will include the principal, teachers, staff, students, parents, and community members with at least one-half of the team members being non-school personnel. The Healthy School Team will assess needs and oversee the planning and implementation of school health efforts at the school site.

### Additionally, districts are required to:

- develop and maintain local school system policies that address and support CSH and each of the integrated components;
- develop and maintain a staff development system for orienting and training administrators, principals, and other school leadership team members that allows for informed decision making in adopting and implementing the CSH model at the school system and school level;
- develop and maintain a system of assessing and identifying the health and wellness needs of students, families, and staff that will be used in developing system policies and strategic plans; school health programs, curriculum and initiatives; and school improvement plans;



- *incorporate into all School Improvement Plans (SIP), easy-to-implement and appropriate assessments and surveys, improvement strategies and services, and integrated learning activities that address the health and wellness needs of students and staff;*
- *identify and obtain additional financial support and program collaboration with community agencies/organizations along with other external financial support to supplement the Basic Education Program (BEP) funding formula and the additional CSH funding provided for the school health program; and*
- *develop and maintain a system and process for annual evaluation of progress and outcomes for the CSH program effort, including the impact on the student performance indicators required by the State Board of Education in TCA § 49-1- 211(a) (3) and any state-designated health outcomes for students and staff.*

## CSH Challenges

Since the inception of Coordinated School Health in Tennessee, the CSH team and districts have identified and grown the strengths of CSH. At the same time, the team has diligently tracked and monitored areas of impact that have inverse trends or are showing slow growth. Below are some of the specific areas the team has identified to continue to improve upon in the current and upcoming school years through direct and collaborative efforts.

### Summary of Ongoing CSH Challenges & Progress

Of those students with a diagnosis, the most common were Asthma (**44 percent**), ADHD/ADD (**18 percent**).

As indicated by the Health Services Survey during the 2019-20 school year, **60 percent of schools** employed a nurse full-time in their school.

Only **49 percent** of districts provide mental health support to staff, which is an **increase** over the 2018-2019 school year of 43 percent.

Only **57 percent** of districts have a system to evaluate the health and wellness needs of families.

Only **19 percent** of districts report meeting the goal of one certified social worker for every 1,500 students.

Only **36 percent** of districts meet the goal of one certified psychologist for every 1,000 students, which is **up only one percentage point** from the 2018-2019 school year of 35 percent.

The rate of Tennessee high school students reporting they attended daily physical education classes in an average week **declined** from 29.7 percent in 2005 to 26 percent in 2017 and 20.2 percent in 2019.

**Future looking:** The challenges faced by schools and districts as a result of COVID-19 underscore the importance of school health initiatives and the vital role coordinators play in the identification and implementation of supports and services.

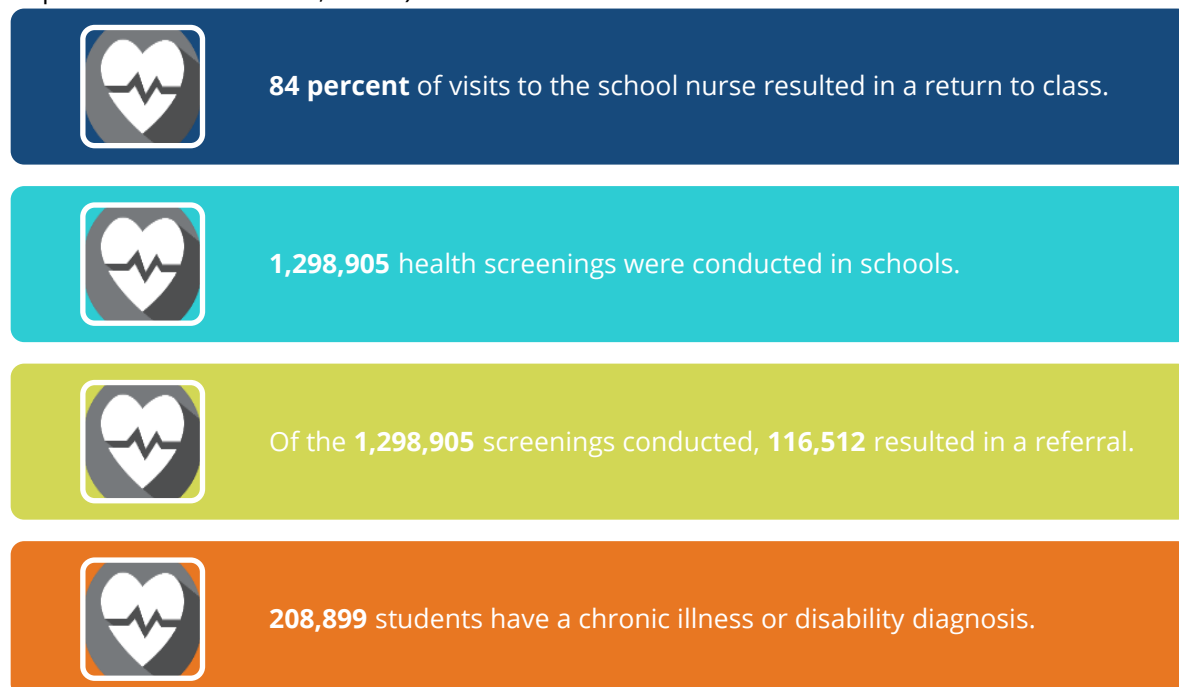
# Coordinated School Health Components

## Health Services

In 2017, the National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) recommended school districts provide a full-time school nurse in every school building. When schools employ a full-time nurse, they become an integral member of the school team. School nurses promote school attendance and combat student absenteeism by addressing the physical, mental, and social needs of the student. Chronic absenteeism puts students at risk for academic failure with effects that can last a lifetime and negatively impact education, health, financial stability, and employment (Robert Wood Johnson Foundation [RWJF], 2016). A student's health is directly related to his or her ability to learn. Children with unmet health needs have a difficult time engaging in the educational process. The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process.

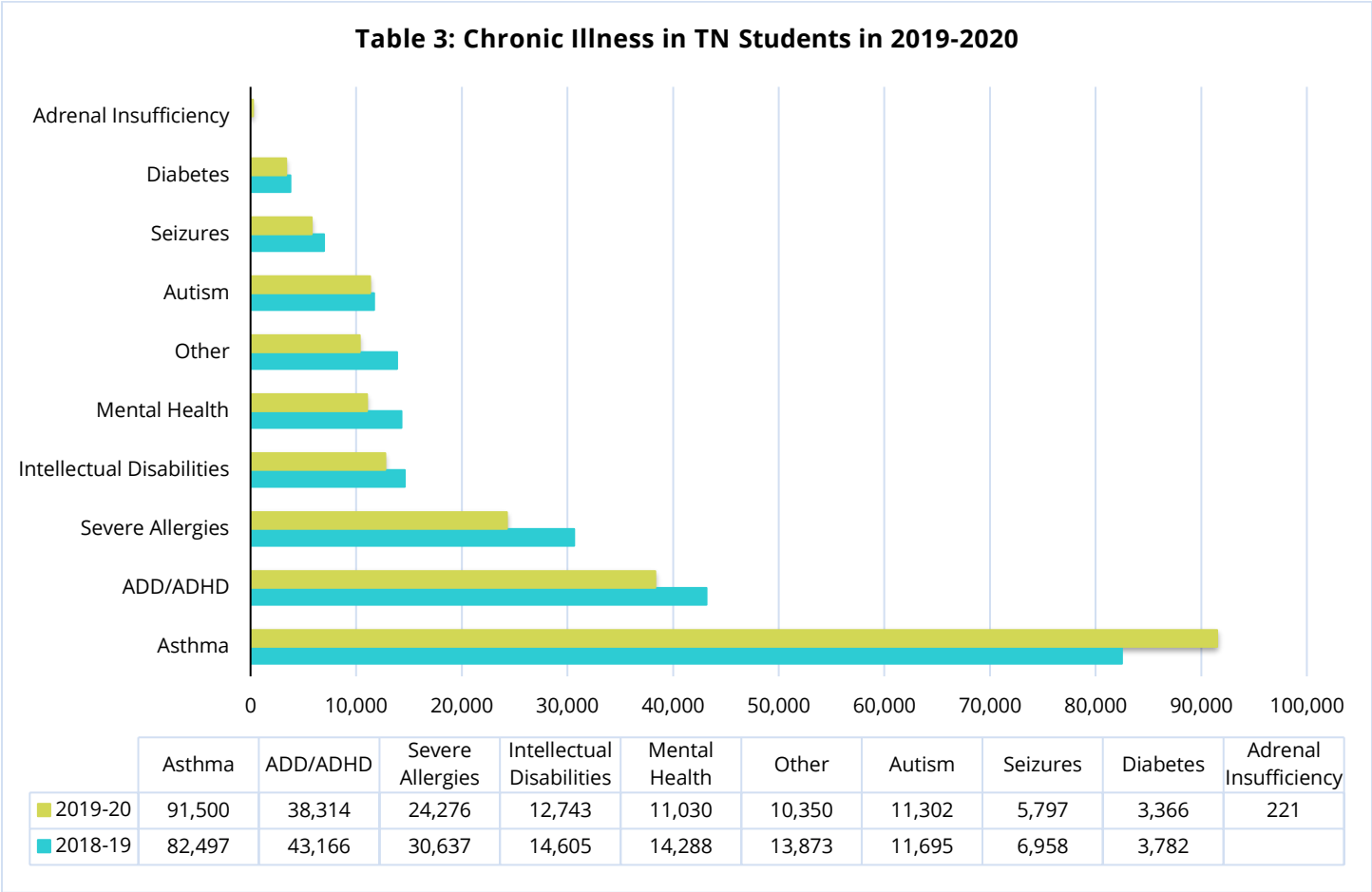
Components of the Centers for Disease Control and Prevention Healthy Schools model (2017) emphasize health services in schools should be provided and/or supervised by school health nurses or other qualified health professionals in order to properly appraise, protect, and promote the health of students. School health services include providing first aid, providing emergency care and assessment, and planning for the management of chronic conditions (e.g., asthma or diabetes).

**The figure below represents health services data from the 2019-20 school year** (Tennessee Department of Education, 2019c).



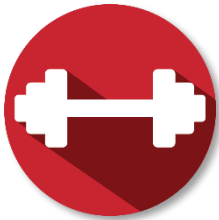
During the 2019-20 school year, 208,899 students (down from **221,501 last year**) in Tennessee public schools had a chronic illness or disability diagnosis. Of those students with a diagnosis, the most common were asthma (**44 percent**), ADHD/ADD (**18 percent**), and severe allergies (**12 percent**) (Tennessee Department of Education, 2019c). Children diagnosed with chronic illnesses have healthcare needs that require daily management in addition to addressing possible emergencies. Some students with chronic health conditions may miss school more often than others, and this may have an impact on academic performance. Nurses help students stay at school, safely and ready to learn, while providing services and accommodations for students with chronic health conditions.

**The figure below represents data on chronic illnesses or disabilities in the 2019-20 school year compared to the 2018-2019 school year.**



## Physical Education & Physical Activity

All children in Tennessee should be exposed to both quality physical education and physical activity programs. A Comprehensive School Physical Activity Program (CSPAP) is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime. A CSPAP reflects strong coordination and synergy across all of the components: physical education as the foundation; physical activity before, during, and after school; staff involvement; and family and community engagement (Shape America, 2017).



Physical education is an academic subject and serves as the foundation of a CSPAP. Physical education is characterized by planned, sequential pre-K through grade 12 curriculum that is based on the national and state standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence (Shape America, 2017)

Physical activity in schools can be offered in a variety of settings throughout the day including before and after school. Physical activity should be in addition to the essential physical education class, not a replacement. The most common ways students engage in physical activity include recess, integration into classroom lessons, physical activity breaks, exercise clubs, and intramural programs (Shape America, 2017).

**Highlights of physical education and physical activity in districts during the 2019-20 school year include** (Tennessee Department of Education, 2019b):

- Since the implementation of CSH statewide, coordinators have secured funds for walking tracks or trails at **579** schools, **400** in-school fitness rooms for students, and **509** new and/or updated playgrounds.
  - This includes **24** schools with **new walking tracks/trails**, **65** schools with **new in-school fitness rooms for students**, and **26** schools with **new and/or updated playgrounds** in 2019-2020.
- **34** new physical activity/physical education policies and guidelines were either developed and approved or strengthened.
- Out of 136 reporting districts, **78 percent** reported that they do not deny physical education as a form of punishment. This is an **improvement over the 2018-2019 report of 64 percent**.





## Nutrition Services

According to the Food Research & Action Center (2016), behavioral, emotional, mental health, and academic problems are more prevalent among children and adolescents struggling with hunger, and these students statistically have lower academic scores and grades compared to their peers. School nutrition offers students opportunities to learn about and practice healthy eating through the foods and beverages served on school grounds, nutrition education, and communications about food in the cafeteria and throughout the school campus. Centers for Disease Control (2015) states students typically have access to foods and beverages in numerous locations within the school, including the cafeteria, vending machines, grab 'n' go kiosks, schools stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers.



The School Nutrition program is responsible for providing nutritious meals and snacks for students in schools. School Nutrition administers the United States Department of Agriculture's (USDA) National School Lunch Program, School Breakfast Program, and Afterschool Snack Program across the state. According to School Nutrition (2017), all public schools in Tennessee are on the National School Lunch Program, which provides nutritionally balanced, low-cost, or free lunches to children each school day.

**Highlights of nutrition services in school districts during the 2019-20 school year include**  
(Tennessee Department of Education, 2019b):



## ***School Counseling, Psychological, and Social Services***

One in five youth live with a mental health condition, but less than half of these individuals receive needed services. Undiagnosed, untreated, or inadequately treated mental health conditions can affect a student's ability to learn, grow, and develop (National Alliance on Mental Illness, n.d.).

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of students. Schools offer services such as developmental classroom guidance activities and preventative educational programs in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate.

The professional skills of counselors, psychologists, and social workers are utilized to provide integrated "wrap-around" services that contribute to the mental, emotional, and social health of students, their families, and the school environment with coordinators serving as vital members of the team.



**Highlights of school counseling, psychological, and social services in school districts during the 2019-20 school year include** (Tennessee Department of Education, 2019b):

**25 new or updated policies**  
and guidelines were  
developed or approved.

**87 percent** of school  
districts contract or work  
with a community based  
mental health provider to  
provide **school-based  
therapy for students.**

**88 percent** of districts met  
the goal of one certified  
counselor per 500 students.

## Healthy School Environment

A healthy and safe school is defined by the physical and aesthetic surroundings and the psychosocial climate and culture of the school. A healthy and safe school environment supports positive learning by ensuring the health and safety of students and staff. A healthy physical environment includes the school building and its contents, the property on which the school is located, and the area surrounding it. The quality of the psychological environment includes the physical, emotional, and social conditions that affect the safety and well-being of students and staff.



Highlights from the 2019-20 school year include (Tennessee Department of Education, 2019b):

**96 percent** of districts provided teachers and school counselors applicable bully prevention policy and guidance on how to respond to harrassment when it occurs.

**77 percent** of school districts have a CSH member as part of their safety team, reflecting an integrated approach.

**539** schools implemented an air quality management program such as Tools for Schools.

**13 new** healthy school environment policies or guidelines were developed and approved.

**99 percent** of all districts have developed and implemented policy to reduce potential sources of lead contamination in drinking water.

## Health Education

Health education is as important as other academic subjects and is critical to students' education and development. Appropriate Practices in School-Based Health Education (2015) states the time, instruction, and support devoted to health education should be comparable to that of other subjects.

**76 percent of schools** offered professional development on emotional wellness.

**99** districts have analyzed and assessed the need for updating their curricula and programs based on the TN Health Education and Lifetime Wellness Standards.

**100** percent of districts use health education curricula to address tobacco/nicotine/vaping prevention.

Health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention (Centers for Disease Control and Prevention, 2015).

## School Staff Wellness

Wellness opportunities such as health assessments, health education, and physical fitness activities are provided to all school staff, including the administrators, teachers, and support personnel, to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program.

This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted on-site improve productivity, decrease absenteeism, and reduce health insurance costs.

**Highlights of health promotion for staff in school districts during the 2019-20 school year include** (Tennessee Department of Education, 2019b):

**93 percent** of districts offer school staff the influenza vaccine as part of their staff wellness program.

**21 percent** of employees had access to a school-based health clinic and **785 schools** provided staff health screenings.

**390** schools have fitness rooms for staff and **1,260 schools** provide strategies to staff to increase physical activity.

**820 schools** provided staff tobacco and nicotine prevention and cessation programs.

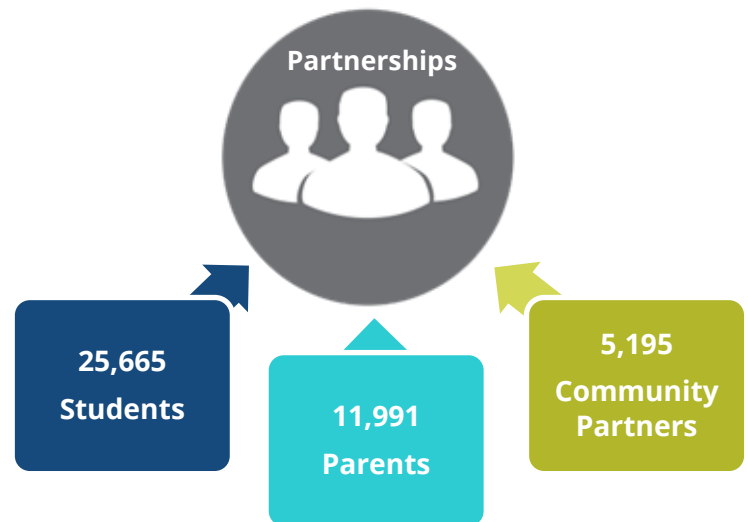
**49 percent** of school districts offered **mental health** wellness opportunities to school personnel.



## Students, Family, and Community Involvement

The involvement of parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well-being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families.

Parent and student partnerships are emphasized in all aspects of CSH. In the 2019-20 school year, CSH district coordinators worked with **5,195** different community partners and coalitions. Also, CSH statewide partnered with **25,665 students** and **11,991 parents** to address school health priorities (Tennessee Department of Education, 2019b).



**Highlights of students, parents, and community partners in school districts during the 2019-20 school year include** (Tennessee Department of Education, 2019b):

**91 percent** of districts have developed a policy/guideline/protocol to allow communities to use school buildings/grounds when schools are not in session (joint-use agreements), which is up from 89 percent in 2018-2019.

**100 percent** of districts reported that they partnered with students to achieve CSH goals.



# Conclusion

Coordinated school health encourages healthy lifestyles, provides needed supports to at-risk students, and helps to reduce the prevalence of health problems that impair academic success. It is an effective approach designed to connect physical, mental, and social health with learning. CSH improves children's health and their capacity to learn through the support of families, communities, and the schools working together. CSH is an invaluable framework that creates and sustains healthy schools and healthy children.

# References

- American Association of School Administrators. (2007). AASA position statements. Position statement 3: Getting children ready for success in school, July 2006; Position statement 18: Providing a safe and nurturing environment for students; July 2007.
- Appropriate Practices in School-Based Health Education. (2015). Retrieved September 6, 2017, from <http://www.shapeamerica.org/publications/products/upload/Appropriate-Practices-in-School-Based-Health-Education.pdf>
- Association for Supervision and Curriculum Development. (2011). Alexandria, VA. Basch, C.E. (2010). Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. *Equity Matters: Research Review* No. 6. New York: Columbia University.
- Carlson S.A., Fulton J.E., Lee S.M., Maynard M, Drown DR, Kohl III H.W., Dietz W.H. (2008). Physical education and academic achievement in elementary school: data from the Early Childhood Longitudinal Study. *American Journal of Public Health* 2008; 98(4):721–727.
- Centers for Disease Control and Prevention (CDC). (2019). Tennessee high school youth risk behavior survey data, 2005–2017. Retrieved August 2020, from <http://www.cdc.gov/healthyyouth/yrbs/index.htm>
- Centers for Disease Control and Prevention (CDC). (2010). The association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services.
- Components of the Centers for Disease Control and Prevention (2015). Retrieved September 6, 2017, from <https://www.cdc.gov/healthyschools/wscs/components.htm>.
- Council of Chief State School Officers. (2004). Policy Statement on School Health.
- Division of Population Health, Centers for Disease Control and Prevention. (2014). Health and Academic Achievement. Retrieved September 6, 2017, from [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/health-academic-achievement.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf)
- Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. (2017). Managing Chronic Health Conditions in Schools: The Role of the School Nurse. Retrieved from [https://www.cdc.gov/healthyschools/chronic\\_conditions/pdfs/2017\\_02\\_15-FactSheet-RoleOfSchoolNurses\\_FINAL\\_508.pdf](https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-FactSheet-RoleOfSchoolNurses_FINAL_508.pdf).
- Dunkle M.C., Nash M.A. (1991). *Beyond the Health Room*. Washington, DC: Council of Chief State School Officers, Resource Center on Educational Equity.
- Food Research & Action Center. (2016). Research Brief: Breakfast for Learning. Retrieved September 6, 2017, from <http://frac.org/wp-content/uploads/breakfastforlearning-1.pdf>
- Freudenberg N, Ruglis J. (2007). [Reframing school dropout as a public health issue](#). *Preventing Chronic Disease* 2007; 4(4):A107.
- Harper S, Lynch J. (2007). Trends in socioeconomic inequalities in adult health behaviors among U.S. states, 1990–2004. *Public Health Reports* 2007; 122(2):177–189.
- Muenning P, Woolf SH. (2007). Health and economic benefits of reducing the number of students per classroom in US primary schools. *American Journal of Public Health* 2007; 97:2020–2027.
- National Alliance on Mental Illness. (n.d.). Mental Health in Schools. Retrieved from <https://www.nami.org/Learn-More/Public-Policy/Mental-Health-in-Schools>
- National Center for Health Statistics. (2011). *Health, United States, 2010: With Special Feature on Death and Dying*. Hyattsville, MD: U.S. Department of Health and Human Services.
- National School Boards Association. (2009). Beliefs and Policies of the National School Boards Association. Alexandria, VA: National School Boards Association.
- Robert Wood Johnson Foundation. (2016). The relationship between school attendance and health. Retrieved from [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2016/rwjf431726](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf431726)
- School Nutrition. (n.d.). Retrieved September 1, 2017, from <http://www.tennessee.gov/education/topic/school-nutrition>.
- SHAPE America. (n.d.). Retrieved September 1, 2017, from [www.shapeamerica.org](http://www.shapeamerica.org).
- Spriggs AL, Halpern CT. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. *Perspectives on Sexual and Reproductive Health* 2008; 40(3):152–161.
- Srabstein J, Piazza T. (2008). Public health, safety and educational risks associated with bullying behaviors in American adolescents. *International Journal of Adolescent Medicine and Health* 2008; 20(2):223–233.
- Tennessee Department of Education (2010). Office of Coordinated School Health (OCSH). [OCSH Executive Summary 2008-09](#).
- Tennessee Department of Education. (2019). Annual coordinated school health district applications, 2007-08 through 2019-20. Unpublished raw data.
- Tennessee Department of Education. (2019). Annual health services surveys, 2004-05 through 2018-19, Unpublished raw data.
- Tennessee Department of Education. (2019). Tennessee public schools: A summary of weight status data, 2017-18. Nashville, TN: Tennessee Department of Education, Coordinated School Health.
- Vernez G, Krop R.A., Rydell C.P. (1999). The public benefits of education. In: *Closing the Education Gap: Benefits and Cost*. Santa Monica, CA: RAND Corporation; 13-32.